## **100% HEALTH RATES**

## **Montgomery County Outside Agency & Municipality Employees**

## Effective January 1, 2022

	MONTHLY RATES		
HEALTH PLANS			
	SELF	SELF+1	FAMILY
MEDICAL:			
Carefirst High Option POS (medical only)	\$686.65	\$1,187.82	\$2,000.05
Carefirst Standard Option POS (medical only)	\$638.58	\$1,104.66	\$1,860.05
UnitedHealthcare Select HMO (medical only)	\$562.08	\$1,080.54	\$1,717.76
Kaiser HMO (medical with Rx)	\$652.49	\$1,226.68	\$1,931.37
PRESCRIPTION:			
Caremark High Option \$5/\$10 Rx Plan	\$397.29	\$735.03	\$1,139.05
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$209.07	\$386.77	\$599.37
DENTAL:			
Dental PPO (Traditional Dental Plan)	\$42.90	\$95.58	\$137.54
Dental HMO (DHMO)	\$13.94	\$26.41	\$38.63
VISION:			
Vision Plan	\$4.74	\$7.50	\$11.38